INFORMATION EDUCATION & COMMUNICATION

A GUIDE FOR AIDS PROGRAMME MANAGERS

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH-EAST ASIA

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A Guide for AIDS Programme Managers

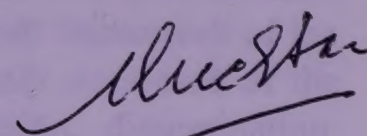WHO Project No: ICP GPA 001

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FOREWORD

Information, Education and Communication (IEC) is one of the most essential components of an AIDS prevention programme. When planned well, within the context of an overall HIV/AIDS prevention and control programme, IEC can be a very effective intervention to bring about appropriate changes in behaviour, especially among populations with high-risk behaviour.
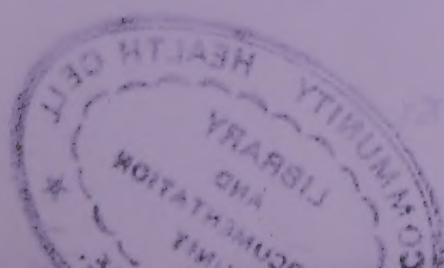
In the South-East Asia Region of WHO, where the number of HIV infections is projected to be as high as 10 million by the year 2000, unprotected heterosexual activity is established to be the predominant mode of transmission of HIV. It is therefore urgent that the Region's population is educated about safer sex and equipped with skills to negotiate sex. This is especially important for the women of the Region who not only have poor access to information and education but also lack the status to assert themselves in sexual and other matters. IEC is also important for advocacy, to motivate policy and decision-makers to create environments conducive for behavioural changes and to provide the needed services such as condoms, counselling and treatment of sexually transmitted diseases.

This guide has been developed through a regional consultation of HIV/AIDS communicators and review by national AIDS programme managers of the Member Countries of the Region. The Guide presents a framework for IEC within a prevention and control programme for HIV/AIDS. It describes the steps in HIV/AIDS IEC planning and implemention. Although directed primarily to programme managers of national AIDS control programmes of the Member Countries of the Region, it is hoped that the Guide will also be found useful by nongovernmental organizations and other groups implementing HIV/AIDS IEC activities even if only as part of a larger intervention programme.

The course that the AIDS pandemic will take in the next few years largely depends on successful IEC strategies and programmes, well planned and effectively implemented to create not merely an informed and educated public but also a public motivated to adopt responsible sexual behaviour.

Dr Uton Muchtar Rafei
Regional Director

1. INTRODUCTION

The pandemic of Acquired Immuno-deficiency Syndrome (AIDS) poses a unique challenge to public health planners and programme developers. With no cure in sight, we are forced to look closely at behavioural patterns and how to alter them to prevent AIDS. Since AIDS is primarily a sexually transmitted disease (STD), it is important that policy-makers, communicators and public health professionals examine the sexual behaviour patterns of the communities they are serving and develop strategies aimed at behavioural change.

Information, education and communication (IEC) plays a crucial role in bringing about this change. IEC is seen as an essential component of an AIDS prevention and care programme. However, IEC alone is not enough; it must be supported by health and social services and should be planned for in the context of the overall programme objectives and activities. One of the necessary conditions for effective implementation is the understanding of (and commitment to) the IEC framework among the key personnel in each country. Promoting this may need specific steps, including:

– Involvement of such key persons in the finalization of an overall strategy.

– Workshops that help to disseminate and clarify the strategy.

Implementation of IEC efforts in relation to HIV/AIDS requires an appropriate organizational set-up in each country and this must take place in close collaboration with other services. There are advantages in having an integrated IEC organization for all activities in the health sector. However, in such a case it is essential to have a nodal person – or even a small group – for focusing specifically on the IEC activities for HIV/AIDS. Implementation should be done in the context of the totality of the problem and the overall framework of the strategy. Thus, a 'total system' or holistic approach is essential. Not only does each of the elements – including planning, research, message design, production, dissemination, monitoring and evaluation – need attention, but the relationship between each, as also the overall process, must be addressed.

A concerted effort, through a well-planned and effectively implemented IEC strategy, should create the necessary conditions for bringing about favourable behavioural changes. It is only through this that the preventive steps will succeed and help in combating the spread of HIV/AIDS.

1.1 What is IEC?

IEC is a broad term comprising a range of approaches, activities and outputs. Although the most visible component of IEC is frequently the materials produced and used, such as

posters hanging on clinic walls, materials are only one component. Effective IEC makes use of a full range of approaches and activities.

Approaches may range from the use of mass media to inform or establish positive norms among the general population to the use of targeted interpersonal communication to help those at particular risk evaluate their own behaviour and develop new personal skills. IEC activities may include designing and providing training in communication skills, carrying out research on audiences to determine what information is needed and the most effective way of delivering it, as well as designing and producing the materials to support activities.

Overall, IEC must be integrated with all existing HIV/AIDS prevention and care programmes as well as with on-going training services. For example, promotion of condom use or STD treatment among individuals with high-risk behaviour will be effective only if condoms are also made accessible and STD treatment services are available and non-stigmatizing.

Similarly a positive social environment without discrimination and stigmatization will facilitate behavioural change.

1.2 How can this Guide Help?

This document provides guidelines for national AIDS programme managers on how to set priorities and systematically plan and implement IEC activities as part of AIDS prevention and care programmes. It describes steps for the planning, implementation and evaluation of IEC activities. To reinforce the step-wise approach, a specific example of IEC activities addressed to young people has been included in the text.

2. HIV/AIDS BURDEN IN THE SOUTH-EAST ASIA REGION

In the South-East Asia Region, HIV infection was first reported in 1984 in Thailand. In most other countries, HIV infection was not diagnosed until 1986 or later. Since then, however, HIV infection has spread rapidly. WHO estimates that, as of early 1995, there are more than 2 million HIV-infected people in the Region. Three-fourths of reported AIDS cases from the Region have acquired the infection through sexual intercourse and more than 80% are in the age group of 15-49 years.

In view of the fact that heterosexual contact is the predominant mode of HIV transmission in the Region, the rates of sexually transmitted diseases are high and that there is considerable unprotected sexual activity, continued transmission of HIV in the general population appears inevitable unless effective measures are taken immediately. Furthermore, WHO estimates that while the annual number of HIV infections may peak in Africa by the mid-1990s, infections in Asia will continue to increase well into the early years of the next century. By the year 2000, it is probable that the cumulative number of infections in Asia will

Figure 1. Estimated and projected cumulative adult HIV infections in Asia and Africa
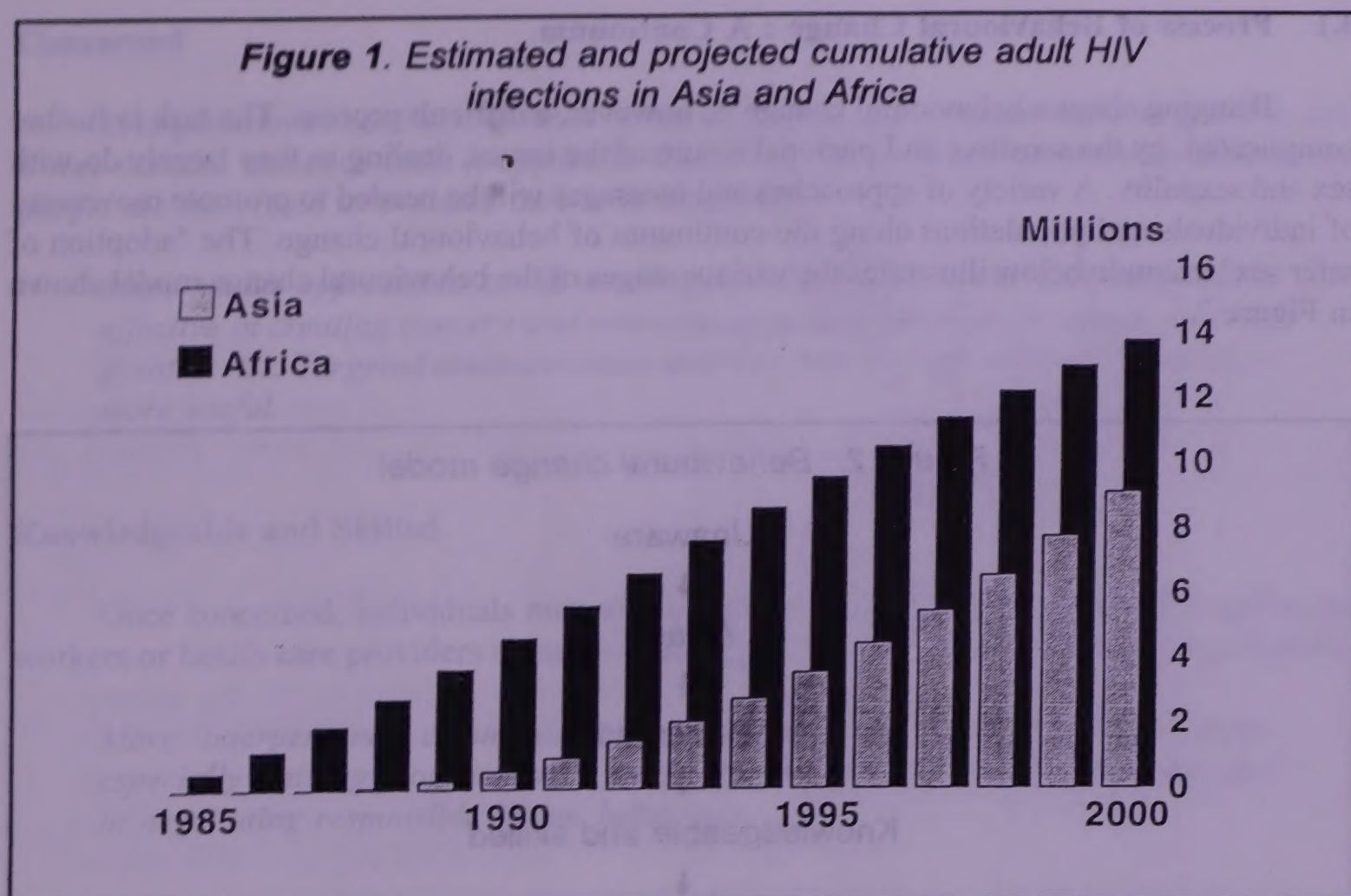
The greatest tragedy, besides medical and health care costs, will be the loss of thousands of lives, particularly those of young adults in their most productive years and infants born to HIV-infected mothers, which will directly affect child survival rates.

3. THE ROLE OF IEC IN HIV/AIDS PREVENTION

All countries in the Region now have national AIDS prevention and care programmes and are organizing efforts to combat the spread of HIV which include IEC, condom programming, providing STD services, and ensuring blood safety.

The general goal of IEC is to promote and support appropriate changes in behaviour, especially among populations with high-risk behaviour. While cultural differences are likely to require different styles of presentation of material between countries and between different target groups, the desired behaviours or behavioural changes will be similar (or even the same):

- Postponement of first sexual encounter;
- Decrease in multiple-partner sex;
- Increase in condom use;
- Increased use of health services to treat STDs; and
- Increased use of clean syringes by injecting drug users.

3.1 Process of Behavioural Change : A Continuum

Bringing about a behavioural change is, however, a difficult process. The task is further complicated by the sensitive and personal nature of the issues, dealing as they largely do with sex and sexuality. A variety of approaches and messages will be needed to promote movement of individuals and populations along the continuum of behavioural change. The "adoption of safer sex" example below illustrates the various stages of the behavioural change model shown in Figure 2.

Figure 2. *Behavioural change model*

Unaware

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Aware

↓

Concerned

↓

Knowledgeable and skilled

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Motivated to change

↓

Ready to change

↓

Trial change of behaviour

↓

Adoption of new behaviour
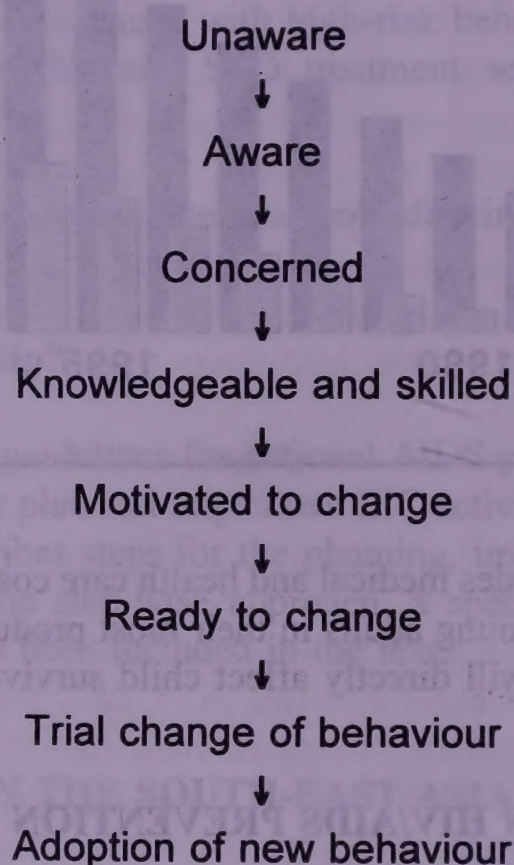
Unaware - aware

Initially a person is unaware that a particular behaviour may be dangerous. The first step in a behavioural change programme is to make people aware.

In the case of the need for safer sex practices, people first need basic information on AIDS/STD provided through various channels using mass and group media and through interpersonal communication.

Persons with high-risk behaviour can be made aware about HIV/AIDS using interpersonal communication provided through NGOs, community-based organizations or by health care workers when treating persons with STD.

Concerned

It is possible to be aware without being concerned. Information must be given is such a way that the audience feels it applies to them, i.e., the audience becomes concerned, and people are motivated to evaluate their own behaviour.

Mass media approaches aimed at the general population are less likely to be effective in creating concern and overcoming denial, particularly among those at greatest risk. Targeted communication and interpersonal approaches are therefore more useful.

Knowledgeable and Skilled

Once concerned, individuals may acquire more knowledge by talking to friends, social workers or health care providers about the dangers of AIDS/STD and methods of protection.

More interpersonal communication approaches are needed at this stage; especially training programmes to build skills in discussing sex and sexuality and in negotiating responsible sexual behaviour.

Motivated and Ready to Change

Individuals might now seriously begin to think about the need to protect themselves and their loved ones from AIDS or other STDs. This is when they might become motivated and ready to change. They may think about this for a long time and decide not to have multiple sexual partners or perhaps go out and buy a condom.

At this stage, condoms need to be easily accessible and individuals need to feel capable of using condoms and negotiating safer sex. Mass and targeted media can help provide a supportive environment by showing role models and promoting a positive view of safer sexual behaviour. Positive messages from peers are particularly effective.

Trial Change of Behaviour

At a later stage individuals are in a situation where a sexual encounter could take place and they have access to a condom. They could then decide to try the new behaviour.

The results of any trial will be evaluated. If the experience has been too difficult or embarrassing, due to lack of experience and skills, then they may not try again for a long time. Therefore, skills to negotiate condom use, and to use condoms correctly, are essential.

Adoption of New Behaviour

Finally, the individual decides to remain faithful to one faithful partner or regularly uses condoms as a source of protection from AIDS/STD.

Assuming the new behaviour continues to be evaluated as largely positive, sustained behavioural change could take place at this stage. Continuous messages of support and access to condoms are still essential.

Programmes must ensure that overall and individual stages of behavioural change are taken into consideration when IEC approaches and activities are being planned and implemented.

3.2   The Role of IEC in STD/AIDS Prevention and Control

(1) **Public education and targeted interventions:** education of the general population can best be carried out through the mass media. Additionally, while use of the mass media can be a most useful way to educate the population at large, experience indicates that more individualized, interpersonal channels of communication are needed, particularly for individuals engaged in high-risk behaviour. Efforts through the mass media may result in generating awareness and creating a positive environment, but interpersonal communication is a must for behavioural change. For this to occur, IEC efforts must be continuous.

Moreover, the mass media often do not reach those segments of a population which are most in need of information. Women, poorer communities, and those who operate on the fringes of society often have limited access to mass media. Traditional channels for communication, such as folk media including street theatres, are particularly effective in rural areas and urban slums. Other channels which also need to be explored include women's organizations and existing community networks. It is important to choose the right channel of communication for each target audience.

(2) **Advocacy:** IEC has an important role in advocacy. Policy and decision-makers have to be persuaded to take steps and/or initiate policies and services that will limit the spread of HIV infection and influence legislation. They must be made aware of the present magnitude and the frightening potential of HIV/AIDS, the consequent economic loss and the load on health services. Similarly, IEC efforts must also be directed to teachers, health and health-related workers and other intermediaries or 'influencers'. Equally important, through education programmes related to how HIV is not transmitted, IEC can assist in limiting discrimination and stigma and in promoting community acceptance of people with HIV or AIDS.

(3) **Support for various components of an AIDS Prevention and Control Programme:** IEC campaigns can promote seeking of quality STD services, which of course must be made available. IEC can also support efforts to promote voluntary blood donation and the implementation of universal precautions in health care settings.

4. LESSONS LEARNT FROM IEC PROGRAMME EXPERIENCES

Countries in South-East Asia can benefit from the experiences gained within as well as outside the Region. Learning from others allows programme managers to initiate more effective strategies and communication approaches to assist behavioural change. Such lessons illustrate the importance of selecting appropriate communication approaches, of targeting education and of integrating IEC with health and social services.

4.1 Using Appropriate Communication Approaches

Some examples of lessons learned about communication approaches early on in the AIDS pandemic in many countries include the following:

In many countries, including the U.K. and Australia, fear campaigns were initiated with the reasoning that people would be shocked into behavioural change. However, studies showed contrary results, since individuals at low risk became irrationally concerned and those at high risk turned away from the messages. Such approaches may provide short-term improvement but do not lead to sustained behavioural change.

Fear campaigns do not work and are not effective in bringing about behavioural change

Denial of the AIDS epidemic is a stage most countries have gone through. A slogan such as 'Do not have sex with foreigners' blames others. This slogan claims that only foreigners have AIDS and that AIDS does not exist in the home country. Denial is extremely dangerous as it allows individuals and policy-makers to lay the blame elsewhere and to block and unnecessarily delay needed action.

Denial or blame campaigns inhibit necessary action

In the United States, policy-makers initially believed that AIDS was a disease of gay men only and they ignored all the signs and evidence that AIDS was a sexually transmitted disease of the entire population. In India, and in some other South-East Asian countries, blame in many quarters is being placed on sex workers and drug users, when the HIV virus can already be found in many other pockets of society, for example, in clients who infect sex workers.

Moral messages may turn away the very people you want to reach or deny life-saving information to those in need

AIDS education necessitates talking about sexual behaviour and methods of protection from HIV through sexual intercourse. To date, the only known method, barring abstinence, is condom use. However, in many countries, governments and religious organizations have prohibited the promotion of condom use with the argument that it would promote promiscuity. This has led to disastrous results in some countries. Studies have conclusively demonstrated that education on sex and methods of contraception in schools do not lead to an increase in sexual activity among youth; only to an increase in the use of contraceptive methods. In some cases, such education has instead led to an increase in the postponement of initiating sexual activity.

4.2 Designing Appropriate Audience Communications

Messages and delivery channels must be tailored for the specific target group. Consideration needs to be given to cultural acceptability, literacy levels, preferred sources of information, and available infrastructures. Communication must be gender sensitive and should be delivered through a variety of channels, packaged in different forms.

The development of messages should take place after rapid assessment of the current knowledge, attitudes, behaviour and practices (KABP) in relation to sexuality and AIDS/STDs. Population KABP studies have been found to be expensive, time-consuming and laborious. Qualitative methods have instead been found to be more useful.

Keeping all these issues in mind, guidelines which can assist in avoiding some of the mistakes of the past indicate that messages should:

– be consistent and accurate and disseminated in a continuous manner.

– be positive and aim to help people protect themselves and help those already infected to live productive and socially beneficial lives.

– be action oriented, so leading individuals to actions such as calling for more information, buying condoms, or using clean needles.

– be linked to service delivery. For example, information and counselling centres must be available to help people gain knowledge about the spread of infection and methods of prevention, and to counsel those in need. If condoms are being promoted, affordable condoms must be available in the area. STD treatment services should also be made easily accessible.

– offer options. For example, when dealing with difficult-to-change behaviour patterns such as drug use, it is helpful and more effective to provide the individual with options for action. For example, 'Your chances of getting AIDS are high if

you inject drugs, so don't inject: if you can't avoid injecting, don't share needles; if you can't avoid sharing, at least clean the needles before sharing'. Such behaviour options also apply to sexual transmission. For example: 'Your chances of contracting HIV/STDs increase if you have multiple sexual partners; so abstain from sex or stick to one uninfected partner; or practise safer sex such as condom use for every sexual encounter in situations of risk.'

4.3   Targeting AIDS Education

Another important lesson learned is the need to prioritize programme activities. Not everyone is at equal risk of contracting HIV. Identifiable groups of people who are engaged in behaviours which facilitate the spread of HIV can be targeted for priority prevention activities. These behaviours include having multiple sexual partners and sharing injecting equipment. People with a high prevalence of other sexually transmitted diseases also need to be targeted.

The groups at high risk may differ from city to city and area to area. It is important for each national or district-level programme to evaluate the risk determinants and identify the populations that may be at high risk of infection so that appropriate strategies to reach such populations can be developed on a priority basis.

Groups of individuals who share common high-risk behaviour might include, among others, commercial sex workers and their clients; injecting drug users; people with STDs; migrant workers; transportation workers – especially truck drivers; street children; and the military. Other general groups, such as women who have limited access to information and services or youth, also need special emphasis.

Targeted interventions among these populations, given the current epidemiological situation in the Region, will have the greatest impact on limiting the further spread of HIV.

4.4   IEC as a Part of an Integrated Intervention Package

Experience shows that IEC alone will not have a significant impact on the spread of HIV infection unless it is complemented by making available health and other services which address factors contributing to vulnerability to STD and HIV infection. Such an integrated approach among truck drivers, for example, would necessitate AIDS education in an interpersonal manner, the availability of condoms, STD services in a non-stigmatizing setting and possibly counselling services. For women, besides IEC, such an approach would entail the provision of STD services within MCH/FP and primary health care facilities along with the mobilization of women's organizations and counselling services. IEC should lead to action, and the means to facilitate that action must be in place and easily accessible.

No single organization can carry out all these activities. AIDS prevention and control activities need to draw on the wide range of multisectoral expertise and skills required for

intervention development and implementation. This means close collaboration between government services and NGOs working with particular groups. If such programmes do not exist, it is essential that these be initiated urgently.

5. STEPS IN IEC PLANNING, IMPLEMENTATION AND EVALUATION

Effective IEC programmes are based within the overall context of the programme goals and can be developed following a systematic assessment of the target audiences and with their participation. The steps which need to be taken for the development of an effective IEC programme are as follows:

– Planning;
– Preparatory Activities and Materials Development;
– Dissemination and Utilization, and
– Monitoring and Evaluation.

A framework for IEC is presented in Figure 3.

5.1 Planning

First, the current situation must be reviewed. This will include a thorough assessment of the programme's IEC needs and existing IEC activities, identification of target audiences, formulation of achievable objectives, and identification of activities to be carried out as well as potential partners for implementation.

5.1.1 Situational analysis

(a) The first step of a situational analysis is examination and analysis of existing national policies, especially those relating to Health, Education and Communication, and laws which can impact on AIDS/STD prevention efforts. For example, a national policy against condom promotion would need to be revised in the light of the AIDS pandemic. The organizational structure and manpower available for AIDS prevention should be analysed, while communication and outreach networks, both within the government as well as among NGOs, should be assessed for use in AIDS educational activities.

(b) Another task in situational analysis is examination of existing epidemiological, cultural and behavioural data and exploration of the existing situation from a number of points of view, including: past/present preventive actions and their effectiveness; the extent of spread of HIV in different groups and areas; assessment of vulnerable populations; and any information relating to particular groups of interest such as demographic data, social structure, the status of women and literacy levels. Every effort must be made to fully utilize existing data from studies in various fields, particularly including those in sociology,

Figure 3. IEC framework

						MONITOR ACTIVITIES AND EVALUATE IMPACT (5.4)
						DISSEMINATE AND USE MATERIAL (5.3.4)
				DEVELOP IEC MATERIALS (5.3.3)	
			DESIGN/PRETESTED TARGETED MESSAGES. CHOOSE MEDIA AND CHANNEL (5.3.2)	
		CONDUCT TARGETED RESEARCH (5.3.1)	

DEVELOP LINKAGES WITH OTHER ORGANIZATIONS AND CARRY OUT ADVOCACY (5.2.1)

CONDUCT TRAINING (5.2.3)

ARRANGE SUPPORT SERVICES (5.2.2)
- ADVOCACY
- CONDOMS
- STD SERVICES
- COUNSELLING

PLAN FOR MONITORING & EVALUATION (5.4)

IDENTIFY TARGET GROUPS (5.1.2)

ESTABLISH GOALS/OBJECTIVES OF IEC (5.1.3)

SITUATIONAL ANALYSIS (5.1.1)

a) NATIONAL POLICIES AND ORGANIZATIONAL STRUCTURE

b) PHILOSOPHY; APPROACH TO IEC FOR AIDS PREVENTION

c) AVAILABLE EPIDEMIOLOGICAL AND BEHAVIOURAL DATA

Planning (5.1) — Preparatory activities including material development — Implementation of IEC activities (5.3) — Monitoring and Evaluation

social anthropology, psychology, and fields related to health education. However, especially when looking for information related to sexual practices, it may be necessary to conduct new studies using qualitative approaches such as focus group discussions.

(c)   Studies can be carried out to fill gaps in information on the following subjects:

Structural factors:

– availability of media infrastructure;

– existing policies/legislation/practice in matters such as selling blood, HIV testing, prostitution, IV drug use, men having sex with men;

– existing media policy regarding dissemination of messages about sex, condoms and drug use;

– networks and associations such as NGOs and community organizations to reach more vulnerable populations, and

– availability of trained human resources for IEC activities.

Personal factors:

– who is at risk;

– existing sexual or drug injecting behaviours and what are the desirable changes;

– factors which might facilitate or inhibit changes;

– who are the influencers for different groups;

– access to media, and media habits (viewing/listening/reading); and

– access to and use of health services, particularly STD treatment and condoms.

(d)   In addition, the following issues must be kept in mind while planning IEC programmes:

– difficulty in talking about sex and sexuality and the need to address these issues through advocacy and education offered in a non-threatening and culturally acceptable way;

– complacency and denial, which lead to delay in action and allow HIV to spread; and

– the need to protect and promote confidentiality with respect to persons with high-risk behaviour and those with HIV infection or AIDS.

5.1.2 Identify targets groups ,

Identification and prioritization of target groups for the overall IEC programme is of great importance. In the absence of specific targeting, IEC messages tend to be very general, non-focused and, while they may provide information, they do not foster either change or action. Setting priorities is also necessary since resources are inevitably limited and their optimal use requires a clear understanding about which groups are to be the focus of attention.

Target groups for intervention should be identified according to criteria such as risk behaviour, population size, potential for contributing to spread of infection and accessibility. In South-East Asia, populations at high risk or vulnerable to HIV infection might include :

– adolescents and youth, especially street children;

– women in the reproductive age group (15-45 years); and

– known populations with a high prevalence of risk behaviour such as sex workers and their clients, injecting drug users, truck drivers and migrant populations.

5.1.3 Establish goals, objectives and targets

IEC programme goals for each target group should describe the desired behavioural changes, while the specific objectives for each target group should be stated in measurable terms. This means that it will be possible to observe and measure progress towards meeting the objectives. For example, 'Within 12 months, 50% of injecting drug users in one urban slum will stop sharing the injection equipment'; and, for IEC,' Within 12 months, 80% of injecting drug users will be reached with accurate information on safer injecting practices'.

Realistic targets must be set taking into consideration the characteristics and situation of the target groups involved, the extent of communication infrastructure and the access that various groups have to information and services (e.g. radio and TV ownership/access in the case of education for the general population, or the presence of an NGO in the case of a population with high-risk behaviour); and the support services available.

Overall programme objectives for most of the target groups would include:

– decrease in number of sexual partners;
– increase in safe injecting practices (for injecting drug users);
– increase safer sex practices including condom use;
– enhance negotiating skills on sexual decisions;
– increase STD treatment-seeking behaviour;
– increase in health care-seeking behaviour (especially for women).
– reduction in STD rates.

5.2 Preparatory Activities

Essential preparatory activities include developing linkages, establishing coordination for essential services and ensuring availability of trained manpower.

5.2.1 Develop linkages

Linkages for implementation of IEC activities within the government may be with the ministries of education, youth, women and child welfare, tourism, information and broadcasting, and transportation. Integration with MCH/FP programmes is an important strategy to reach women and should be a major priority. Collaboration with various ministries is also needed for advocacy to establish the sound policies needed for planning and implementation of effective IEC programmes.

NGOs are also important. While conducting the assessment and looking closer at identified vulnerable groups and high-risk behaviour groups, nongovernmental partners for implementing integrated programmes can be identified. Governments cannot do this work alone as they do not often have the close contact with vulnerable/high-risk populations that NGOs or community-based organizations may have. The national programme must provide technical and material support to NGOs in these activities.

5.2.2 Arrange support services

Planning in advance for provision of health services and supplies is essential for facilitating behavioural change and in generating an impact (effect) of IEC programmes. This includes physical inputs such as availability of condoms, bleach or needles, and also services such as counselling. Also included are allied health services such as the provision of STD clinics and primary health care facilities which are prepared to manage STDs. The services and availability of inputs will influence the objectives and targets set for the overall programme and for specific groups.

5.2.3 Conduct training

Effective implementation of the IEC strategy requires that manpower needs are reviewed to ensure that personnel involved in implementation have the requisite knowledge and skills. Training is vital for ensuring that personnel have the ability to carry out programme activities as required. Development of appropriate training materials should be part of the total material development for IEC and training in communication skills needs to be emphasized. Long-term measures could include the incorporation of an HIV/AIDS IEC component into the curricula of basic training programmes for health and health-related workers, or workers in other sectors who will be providing STD/AIDS information. Short-term measures could include the promotion of inservice training and ensuring that all existing training materials dealing with AIDS/STD give consistent, correct information. The categories for training where special attention needs to be devoted are:

- Health and health-related workers
- Teachers

- NGO workers/volunteers, and
- Leaders or peers from high-risk populations and vulnerable groups.

5.3   Materials Development

Suitable partners should be identified to assist in materials development. This is especially important if ministries of health do not have the in-house capacity for development of IEC materials appropriate to meeting the needs of the programme. As a general strategy, it is suggested that the actual development of materials be contracted out to appropriate professionals, if available. The demands of targeting materials to produce sexual behaviour change may require skills beyond what is normally available.

> *When developing communication tools for a programme, it is important to call in communication professionals, if available, for every step in the process.*

In this case, the manager's responsibility is to ensure that the contracting agency carries out all important steps. The following steps are essential:

5.3.1 Conduct targeted behavioural research

Rapid research among specific target groups is needed for information during the development of appropriate communication strategies and tools. This entails a series of rapid qualitative studies to test relevant concepts and areas of perceived threat and needs of the targeted group. For example, one group may feel that AIDS is only spread by visiting sex workers and they may feel safe even though they habitually have multiple partners. They may use condoms with some partners and not with others.

Understanding behaviours and beliefs is essential for formulating effective, targeted IEC. This research, carried out when specific communication strategies and tools are being developed, will identify keys to behavioural change and help developers to tailor communication messages and materials to meet the needs of the identified population.

Maintaining confidentiality is essential; care must be taken to ensure that the research does not lead to the stigmatization or marginalization of any group.

5.3.2 Design messages, choose media and channels

Data and inputs from target groups can be used to determine the messages, and the medium and channels needed for conveying them (such as radio, TV, posters, interpersonal approaches, traditional media,) to each segment of the audience. This is the culmination of the conceptualization, analysis and planning exercise. Targeted IEC research, including an analysis of existing data, and a knowledge of the target group, plays an important role in selecting and defining the message, format, presentation, medium, etc., for each identified target group. At the design stage, the exact types of media, the channels for communication and the style should be determined. A balance between passive (e.g. posters, print or video)

and interactive media must be created. In many cases, folk media such as puppetry, drama and story telling, can be used quite effectively to support interpersonal communication and should be actively considered as part of the overall IEC plan.

5.3.3 Develop IEC materials

Development of draft materials is based on decisions about messages, media and channels to be used for delivery to each target group. Materials may consist of radio/TV spots, booklets, posters, handouts or hoardings, but these are not all. IEC also involves tools for use in interpersonal communication. It must be kept in mind that materials are a support tool for activities which lead to the achievement of goals and objectives. IEC materials alone will not produce behavioural change.

Pretesting of materials is one of the most important steps in materials development. Pretesting allows the evaluation of messages and materials with regard to acceptability and potential impact before large amounts of resources are used in production and distribution. Although it adds to the cost and time of producing materials, it prevents wastage of resources by ensuring that materials are effective.

Once draft materials are developed, they are carefully reviewed with groups selected from the specific target audience. For example, a TV spot providing general information on AIDS should be tested with samples from the general public using a rough story board or outline of the pictures and text, before even beginning to film the spot. This process should continue once the rough film has been shot. In this way, planners can be assured that, as much as possible, the spot will convey the information desired as effectively as possible. Pretesting should take place with every material from TV spots to more specific outreach materials being developed for non-literate audiences. Pretesting is cost-effective in the long run.

A summary of the steps to be followed in materials development is shown below:

Materials design steps

Design prototype material

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Pretest

↓

Revise material

↓

Pretest again and produce
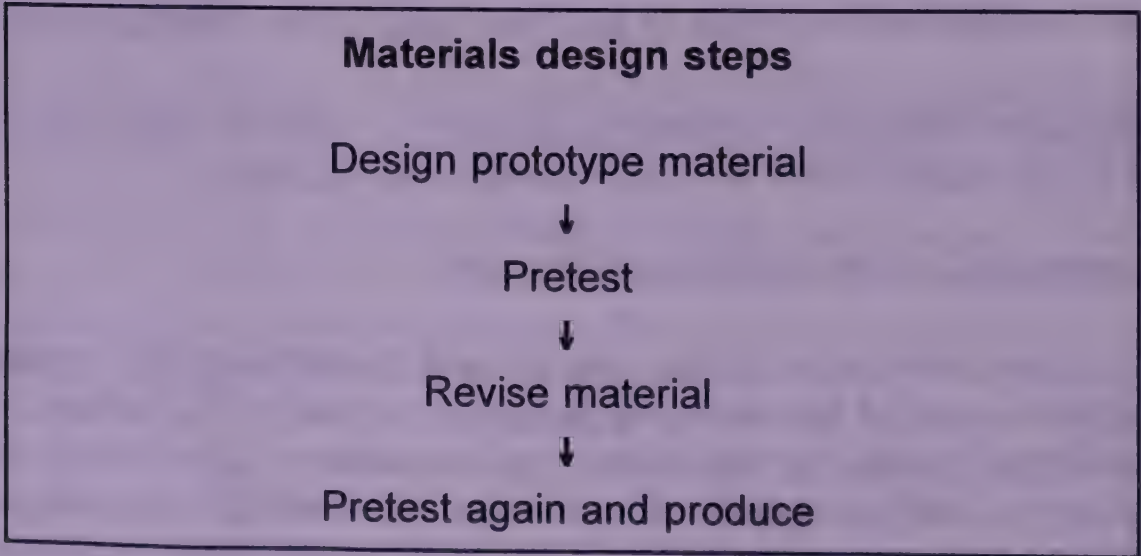
Setting up a resource centre where all materials (communication products) related to HIV/AIDS/STD are available would also be very helpful and cost-effective. These materials can be used as they are, if appropriate, or adapted and used as prototypes for new materials.

Cost and cost-effectiveness of materials. Determining affordability and cost-effectiveness is important, as resources are always scarce. Cost-effectiveness of materials (in terms of development, production and dissemination costs as compared to their reach and effectiveness) is, therefore, an important consideration. In this context, it would be well to judiciously and selectively use expensive media such as film and TV. The glamour of these media often results in an overemphasis on their use, even though the cost of production and dissemination is extremely high. On the other hand, traditional media (including puppetry, traditional theatre and songs) and interpersonal communication tools (such as flip-charts and flash cards) are often neglected, though they are generally very cost-effective. Special efforts must, therefore, be made to use traditional media wherever they are more suitable.

What will it cost?

Each step in the IEC development process can be reviewed to identify items and activities that will have to be contracted for. Items that are important to include in overall costing are:

- costs of targeted behavioural research

- costs of development of prototype or draft materials

- costs of pretesting

- costs associated with each type of medium: availability of in-house capacity for any aspects of production, the quality desired

- costs of producing sufficient copies for intended use

- costs of distribution or dissemination – whether it be freight or postal charges, trucking or buying air time on radio or TV

- costs of storage. Materials produced in quantities will require dry, secure storage space

- costs of reprints and revisions. All materials have a 'life' and will need replacement and updating.

5.3.4 Disseminate and utilize materials

Planning effective ways to make sure that materials reach their target audiences is as important as producing effective materials. It is often the case that good quality materials

never reach those who need them or who could most effectively use them. Planning a distribution strategy and setting up a distribution network at the beginning is important.

Using materials to support IEC activities, through mass media or for interpersonal communication requires knowing how to use them effectively. Ideally, users will become familiar with different types of materials and methods for using them during communication training. At the very least, instructions and suggestions for use must be supplied along with the materials.

5.4 Monitoring and Evaluation

Monitoring and evaluation provide inputs for guiding and improving programme implementation, for appropriate redefinition or fine-tuning of messages and materials, for reworking objectives/goals and for the overall IEC approach.

Monitoring and evaluation must be built into the overall programme process. Monitoring and evaluation are essential parts of the overall IEC programme and must be planned for from the beginning. Monitoring and evaluation are, however, different. Monitoring is a continuous activity, and provides immediate feedback so that timely corrective action can be taken. Evaluation, on the other hand, is carried out at regular intervals to assess programme effectiveness and impact.

5.4.1 Monitoring

Monitoring can be defined as the ongoing process of collecting and analysing information about implementation of the programme. It involves regular checking to see whether programme activities are being carried out as planned so that problems can be discussed and dealt with. It allows managers to follow the progress of planned activities, identify problems, give feedback to staff and solve problems before they cause delays.

Monitoring can answer questions such as:

– Have relevant health care workers and others received training?
– Are the appropriate services in place?
– Have the IEC materials been distributed to those they are intended for?
– Are the IEC materials being utilized?

(a) What to monitor

Deciding what to monitor can begin by preparing a list of programme and activity targets and indicators as well as important tasks, performances and outputs.

A task is one of a set of actions required to carry out an activity. Examples are 'identify partners for work with vulnerable populations' or 'identify organizations for materials development'. Performance refers to how well a task is carried out. The quality is assessed by comparing current practice with established standards of performance. Examples are 'training health workers to give appropriate health education sessions on STD' or 'advising

women at antenatal clinics on the risks of HIV infection and pregnancy'. Output refers to the quantity of items used to carry out activities or to the quantified result of carrying out a task. Examples are numbers of brochures printed or distributed, numbers of personnel trained, and numbers of condoms distributed.

(b) Adoption of monitoring methods, and development and adoption of appropriate tools for monitoring

Programme activities can be monitored through checklists of observations to be made during supervisory visits, regular checking of workplans, and use of reporting forms. Some monitoring methods for collecting data to measure indicators/progress are outlined below.

Routine reports are reports of certain information submitted on a regular basis by all or most reporting sites in an area. Useful periodic records and reports that can be reviewed for monitoring IEC activities might include those on dissemination of print materials, training sessions held with NGOs and community organizations, advocacy meetings, new partners identified to reach vulnerable populations, and number of TV spots aired.

Supervisory visits/reports are reports of visits by supervisors to oversee tasks and performances of workers, identify problems and help solve performance and output problems. Supervisory activities may include observation, exit interviews, record reviews, or other ways of monitoring performance and output. When supervisory visits are carried out with appropriate checklists, the information gathered can be very useful for monitoring the programme. Regular supervisory visits are difficult to achieve, and transportation costs are difficult to sustain. However, frequent supportive supervision is an indispensable monitoring method.

(c) Use of monitoring results

It is important to use what is learned from monitoring as feedback to the programme so that necessary corrective actions can be taken. Feedback should be quick and action-oriented and aimed at making immediate changes to improve effectiveness. It will, in particular, provide key inputs to modify the messages and media used to reach specific target groups and to make improvements/changes in services. Feedback assumes even greater importance in the context of the proposed strategy, since it has been suggested that implementation begin immediately, without waiting for the results of detailed research or large-scale surveys. Thus, IEC messages/products will be based on existing data/studies, which may not be fully adequate. Needed corrections and adjustments will have to be based on monitoring efforts which feed back into the redesign of the programme.

A system based on a short, quick and reliable feedback mechanism is essential. Such feedback will cover, with regard to IEC material, aspects such as target group interest in the material, comprehension of it, reaction to the format, language and characters used (if any), and visual appeal (where relevant).

5.4.2 Evaluation

Evaluation is the process of collecting and analysing information at regular intervals about the effectiveness and impact of either particular parts of the programme or the programme as a whole. A variety of different evaluation methods is possible depending on programme needs. Regardless of method, planning for evaluation, including development of programme indicators and planning for information collection, should take place at the beginning of the programmes to ensure that essential data will be available when needed.

Impact is measured against the programme objectives. Baseline data will be needed, and methods for collecting the information need to be spelled out so that the amount of change can be assessed.

At a given point in time, evaluation can answer such quantifiable, impact-related questions as:

- Are access to condoms and information on correct use increasing?

- What proportion of health workers are providing health education?

- What proportion of prostitutes report the correct and consistent use of condoms?

- What proportion of the general population can cite at least two acceptable ways to protect themselves from HIV infection?

- What proportion of women who have been advised on the risks of HIV infection and pregnancy at antenatal clinics can cite two risk factors for HIV infection?

- What proportion of the general population who are sexually active can report that they are practising safer sex?

- Has the incidence of STDs declined?

> *Collection of appropriate baseline data is essential if an evaluation of impact is to take place*

Evaluation can also be designed to help a programme manager understand why a programme is where it is. Did certain types of activities have bigger impacts than others? What types of problems occurred? How can such problems be solved or prevented in the future? Periodic programme reviews provide more qualitative or descriptive information on the status of the programme.

Evaluation should include not only the impact on the target audience, but must also cover an evaluation of other activities, such as training and/or utilization of services.

Some evaluation methods are outlined below:

Community surveys, such as the general population survey: These are usually regionally (and sometimes nationally) focused investigations. They can be conducted as household surveys, which collect information from a representative sample of a population and are conducted by trained interviewers who go to the dwellings in a selected geographic area for face-to-face interviews, or targeted population surveys, which collect information about a population of particular interest, and are carried out in locations where these populations can be found.

Comprehensive programme reviews: These are carried out primarily for management purposes. They assess the relevance and adequacy of the national plan and existing policies including those related to IEC. They assess adequacy and appropriateness of the structure of the national AIDS programme, progress toward targets, and the efficiency of prevention and control activities. The objective of a review is to identify achievements and problem areas, including recommendations for solutions. Reviews also assess the adequacy of management information systems. Reviews are done at regular intervals; internal reviews are done by country staff every year and external reviews are done every two to three years by staff outside the programme.

Accumulation of monitoring results: This is a collection of monitoring data gathered over time that is judged valid and useful for evaluating certain components of programme activities that require repeated assessment.

Special studies and surveys: These are studies that assist in understanding specific operational issues. For example, a pilot study of a prevention strategy such as 'Use of peer educators for HIV prevention in prostitute populations' will eventually assist managers in deciding whether or not to expand the approach to a national scale. HIV or STD surveillance in antenatal clinics help the national AIDS programme to better understand trends in disease prevalence.

Depending on the methods selected, evaluation will provide an in-depth, integrated feedback, covering a longer time-scale and at a broader level than that provided by monitoring. It will indicate the extent of success in meeting the behavioural objectives/goals of IEC, and provide inputs for changes or modifications in these, and possibly even the overall approach/philosophy of IEC.

6.   ACKNOWLEDGEMENTS

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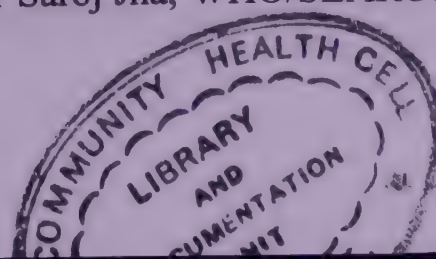
first draft was prepared by Mr Kiran Karnik. Further work on the draft was carried out by Ms Carol Larivee and Dr Saroj Jha and it was finalized by Dr Jai P. Narain. Editorial assistance was provided by Dr Nina Mattock, WHO/SEARO, and Ms Nancy Jamieson, WHO/STC.

Annex 1

IEC FOR SPECIFIC TARGET AUDIENCES – YOUTH AS AN EXAMPLE

This section illustrates the use of the IEC planning and implementation process with one target group: young persons - adolescents and youth - from 10 to 24 years of age. This group will need to be divided into segments due to the wide range of developmental stages and cultural norms.

1   PLANNING

1.1   Situational Analysis

(1)   National policy and organizational structure

In the case of youth it is important to know what policies are in place for: the health of youth of each segment, including children in school, condom use and sex education in schools. In light of the AIDS pandemic, the need for advocacy to change policies should also be assessed. An analysis should take place on how best to utilize the government structures for Youth and AIDS.

(2)   Philosophy/approach to IEC for youth

At the central level a decision needs to be made on how to approach the topic of Youth and AIDS. This will entail a decision on sex education or life-style education in schools; how to handle discussion on condoms; and other issues. It is necessary to strike a delicate balance between the promotion of traditional values and a practical programme to meet the needs of young people who may already be sexually active.

(3)   Examining existing data

The factors that need to be examined as part of the situational analysis have already been discussed. It is on the basis of such an analysis that one can identify youth as a priority target group. The situational analysis will also provide details that will help to further identify the target group and how to reach them, involvement with youth/sports or other organizations and key 'influencers' (e.g. teachers). Existing research reports may indicate the habits, preferences and effectiveness of different media, etc. for this target group. All this data will be crucial in:

- Further/finer stratification of the target group;

- Developing suitable messages;

- Ensuring participation and involvement of youth in the process (message design) and – where possible – in developing communication tools;

- Identifying and using peers as communicators;

- Identifying suitable media and means of reaching the target group (including through influencers);

- Development of appropriate school curricula on AIDS; and

- Development of co-curricular activities for AIDS.

1.2 Target Group Identification

Youth, both male and female, can be further segmented in most countries as follows:

- Youth in school (urban and rural);

- Youth out of school in the urban setting;

- Youth out of school in the rural setting;

- Street youth or street children; and

- University students.

Each group has different levels of literacy and may have different behaviour patterns as well as information and service needs. It is also important to target parents and teachers.

> *The role of teachers and parents in informing and educating youth must be explored thoroughly. Often a well intentioned programme will fail because the important role of teachers and parents has been ignored.*

1.3 Goals/Objectives/Targets/Indicators

For the specific target audience, it is now necessary to define the behavioural goals on the basis of the philosophy or approach and the situational analysis. In this, one also has to take note of the communication infrastructure that is available and the access that the target group has to various channels of communication such as mass media, print media and interpersonal channels.

For this target group (youth), the desired behavioural goals may be stated as follows:

- Delay sexual initiation (relevant for adolescents and younger people);

- Provide safer intimacy options;

- Reduce the number of sexual partners;

- Increase condom use;

- Discuss sexual matters openly;

- Actively seek information on sexual matters and seek counselling;

- Seek STD services; and

- Develop 'enabling skills' to promote healthy lifestyles.

In the Region as a whole, these would be the primary goals, since almost all the HIV infection is sexually transmitted. However, in certain parts of some countries (e.g. India, Thailand, Myanmar), injecting drug use is also a major problem. In such areas, the behavioural goals will have to emphasize sterilization and non-sharing of needles and other injecting equipment, while simultaneously attempting to reduce drug injecting itself. These messages should be integrated into promoting and supporting a positive life-style.

As noted in the previous section, the goals and objectives should be quantified or expressed in measurable terms as far as possible, and targets set. These will differ from country to country, depending upon the situation prevailing there. Specific indicators should be developed and a system to collect the appropriate information designed.

2. PREPARATORY ACTIVITIES AND MATERIALS DEVELOPMENT

2.1 Linkages with Existing Organizational Structure and other Organizations

Close and active collaboration with other agencies and programmes is vital for the success of any IEC strategy. In the case of youth, collaboration should be established with educational authorities and institutions (ministry of education, schools/colleges, universities, etc) and with youth organizations (Ministry of Youth Services, scouts/guides and social service organizations, student bodies, etc.). Links should also be sought with youth clubs and sports organizations.

NGOs and voluntary organizations can play important roles because of the commitment and dedication of those involved. Also, they are generally able to establish a better rapport with young people and high-risk behaviour groups than official agencies, while their ability to reach out-of-school youth and street children is particularly high. The entertainment industry is geared largely to attracting young people. They would, therefore, be appropriate partners for many IEC activities.

In addition, strong linkages must obviously be established with other relevant health programmes, especially with STD and family planning services, for condom distribution.

2.2 Services

Services play an important role in supporting behavioural change and facilitating the adoption of appropriate safe/preventive practices and behaviour.

For this target group the services include:

- Counselling, which is of special relevance for this age group;

- Condom distribution;

- STD/health services; and

- Information service ('hotline' through telephones, or a 'post box') providing relevant information on an anonymous basis.

2.3 Training

The categories to which special attention needs to be devoted for training in youth-related activities include teachers, health workers, NGO workers and volunteers, youth leaders and peer groups.

2.4 Targeted Behavioural Research

IEC research can play a major role in designing the right messages. Such research will indicate the target audience's current level of knowledge including any misconceptions. Focusing IEC research on youth will help to find keys to overcoming the perceived invulnerability of youth – the 'it can't happen to me' syndrome.

2.5 Design of Targeted Messages and Media

The basic or core messages are:

- Delay sexual activity;

- Single sex partner (mutual faithfulness);

- Avoid penetrative sex; and

- Use latex condoms.

Some specific messages for this target group (youth and adolescents) would be:

- How HIV is transmitted and also how it is not;

- How to protect oneself and one's sexual partner from HIV;

- Seeking appropriate treatment for STDs;

- The STD and HIV relationship, i.e. recognition of how STD increases the risk of HIV;

- Proper condom use;

- Hazards of drug use, particularly injecting;

- Existence of support/counselling services and where to go for these; and

- Knowledge about human sexuality (development, behaviour, relationships), especially for adolescents.

The choice of medium for each message will depend upon the extent of access that the target group has to the medium. The situational analysis and IEC research should provide crucial data on this. In general, however, one may list the general products which might be appropriate for a general youth population:

- Broadcast media – especially targeted youth programming: audio and video cassettes;

- Books (including textbooks), magazines, newspapers;

- Films/movies;

- Street theatre, especially for street children and college students;

- NGOs and voluntary agencies; not necessarily those working on AIDS, but many others who are basically working with youth in areas such as health, women, development and water supply;

- Entertainment shows and sports – these are a very effective way of reaching urban youth;

- Exhibitions;

- Peer group – this generally makes for the best and most effective communication. It will require the training of a few selected individuals from each institution/organization. This may be particularly useful for street children, since their access to other media is limited and distrust of people in authority is likely to be strong, and

- Teachers – again some training will be necessary. This is obviously only for in-school/college groups. Some countries have adolescent/sex education as part of the curriculum, and messages on AIDS/HIV must be integrated into this.

Some of these, or a combination, can be used, depending upon the target audience, the situational analysis and a cost analysis. Among the settings or locales for conveying IEC messages, appropriate ones for this target group include:

- The classroom, for school and college students;
- Youth clubs;
- 'Video Parlours', which, in most places, draw a large number of young people; and
- Youth festivals, youth camps, sports events, etc.

2.6   IEC Materials Development

It is essential to develop appropriate communication tools to support the approaches that have been decided upon. IEC research inputs have already been indicated as being essential at the message design stage. Similar inputs are required in developing appropriate materials such as radio/TV programmes, posters and booklets. Pretesting, in particular, is a vital element of materials development.

When designing communication materials, experienced communicators should be involved. This is not something that should be left to medical experts or health workers. Further, the involvement of the target group (in designing the material) is essential and has been found to be very effective in terms of the final impact of the product. This particular target group (young persons) provides great scope for direct involvement in the development - and even production – of materials. It is possible to tap student groups and to work through schools of art/communication/journalism, in particular, to evolve materials that are most appealing and suitable for the target group.

The materials produced must obviously be within the framework of the overall approach/philosophy and the messages identified for this specific target group. Special care needs to be taken to avoid any contradictions or ambiguities in the messages.

Full use must be made of textbooks for in-school/college groups. The materials developed for these books must be interesting, clear, and provide sequential graded learning. Since the 'printed word', especially in a textbook, carries great sanctity, this material must be thoroughly pretested to eliminate any possible misunderstandings or ambiguities.

3   DISSEMINATION AND UTILIZATION

In examining the considerations outlined in the previous section, it is crucial to keep the target audience in mind. In each country/situation, it is necessary to determine which message through which medium will most effectively reach (in this case) young persons.

Choice of the means of dissemination is therefore linked to the target audience and the message. Some channels for dissemination of messages include:

- Broadcast media. In many countries, the broadcasting organizations make some air-time available free of cost for social messages which may require strong

advocacy efforts. Efforts need to be made to obtain such allocations everywhere. Care should be taken that spots or programmes aimed at youth are aired when young people are watching, which is usually during prime time. When free air-time is not possible, or more is needed, good planning is required to buy time in a cost-effective manner, trading off between costs and (target) audience size.

– Integration with on-going TV programmes/features. For example, some messages could be appropriately woven into a popular 'soap-opera'.

– Message dissemination through peer groups. NGOs can play a major role in this. Training of peer-leaders (mentioned above in the section on Training) thus assumes even greater importance. The possibility of organizing such groups is obviously higher for that segment of the target audience which is in school/college. However, attempts have been successful in organizing groups among street children and employed persons.

– Anonymous methods to gather queries from young people and disseminate accurate information. In some countries, schools have set up post boxes where students can place sensitive queries, to which answers can be given in a newsletter or in general discussions. Another method is to set up a telephone information hotline.

– Curriculum. Where 'dissemination' takes place through the curriculum (in school or college), it is essential that the teacher does not shy away from confronting the issues. A discussion after each lesson is the ideal way of maximizing learning and aiding behavioural change by clarifying all doubts, etc. (see matrix presented in Table 1).

At the receiving end, utilization of media products is a vital, and unfortunately, much-neglected aspect. The impact of any communication is increased many-fold if it is discussed among receivers, if their questions are answered and if their doubts clarified. Steps must be taken to ensure this, either through inter-personal communication as follow-up, or through supporting printed material, where appropriate.

4   MONITORING AND EVALUATION

As discussed in the text of this document, it is essential to plan for monitoring and evaluation at the outset. Monitoring activities may include collecting reports from teachers or NGOs working with youth out of school, collecting data on the distribution of IEC materials, and the airing of radio and TV spots aimed at youth, along with listener surveys. Evaluation can be accomplished if baseline data are collected on knowledge and practices. Key indicators of the desired behavioural change can be measured through repeat surveys. It is important to evaluate process and outcome if results are to be fed back into programme planning. Monitoring and evaluation must be planned before activities are conducted.

Table 1. Matrix: youth

Target group	Desired behaviour change	Approach	Media channel	Interpersonal channel (Networks)	Support services
Youth in school	■ Responsible sexual behaviour → Drug use (injecting) ■ Condom use ■ Health care seeking behaviour	Mass media Peer education Curriculum development Co-curricular activities	TV, Radio Press Interpersonal	Schools School organizations Ministry of Education Ministry of Youth	Counselling Condoms STD services
Youth in college	■ Responsible sexual behaviour → Drug use (injecting) ■ Condom use ■ Health care seeking behaviour	Mass media Peer education Curriculum development Co-curricular activities	TV, Radio Press Interpersonal	Schools School organizations Ministry of Education Ministry of Youth	Counselling Condoms STD services
Youth out of school (urban)	■ Responsible sexual behaviour → Drug use (injecting) ■ Condom use ■ Health care seeking behaviour	Peer education outreach Mass media	TV, Radio Interpersonal Street theatre	NGOs Ministry of Youth	Counselling Condoms STD services
Youth out of school (rural)	■ Responsible sexual behaviour → Drug use (injecting) ■ Condom use ■ Health care seeking behaviour	Peer education outreach Mass media	Peer education Traditional media Street theatre	Rural outreach networks NGOs Ministry of Youth	Counselling Condoms STD services
Street children	■ Responsible sexual behaviour → Drug use (injecting) ■ Condom use ■ Health care seeking behaviour	Peer education Outreach Mass media	Interpersonal Street theatre Traditional media	NGOs Department of Child Welfare Ministry of Social Welfare/Youth	Counselling Condoms STD services

Table 2. Matrix: target populations and communication approaches

Target group	Desired behaviour change	Approach	Media channel	Networks	Support services
Brothel-based sex workers	Condom usage Seeking treatment for STD	Outreach Peer education	Target print and audio-video material Street theatre	NGOs Health workers Local GPs	Condoms STD services Counselling
Street sex workers	Condom usage Seeking treatment for STD	Outreach	Target print and audio-video material Street theatre	NGOs Local GPs Health workers	Condoms STD services Counselling
Madams of brothels	Condom promotion Condom usage	Outreach Peer education	Target print and audio-video material Street theatre	NGOs	Condoms STD services Counselling
Pimps	Condom promotion Appropriate treatment of STD	Outreach	Target print and audio-video material Street theatre	NGOs	Condoms STD services Counselling
Truck drivers/transport workers	Condom use Appropriate treatment of STD	Outreach Peer education	Target print and audio-video material	NGOs Peers Trucking Associations Ministries of Transport	STD services Condoms Counselling
Men who have sex with men	Condom use Appropriate treatment of STD	Outreach Peer education	Target print material	NGOs	STD services Condoms Counselling
Migrant workers	Condom use Appropriate treatment of STD	Local media outreach Peers	Street theatre Traditional media Target print material and audio-video	NGOs Intercountry Cooperation Labour Unions Ministry of Labour	STD services Condoms Counselling

Target population and communication approaches

Target group	Desired behaviour change	Approach	Media channel	Networks	Support services
Injecting drug users	Cleaning needles Condom use Appropriate treatment of STD	Outreach Peers	Targeted print and Audio-video material	NGO De-addiction programmes Prisons	Counselling STD services Condoms
STD patients	↑ in condom use ↑ in health care seeking behaviour ↑ treatment compliance	Interpersonal Mass media	TV, Radio Health workers	NGO's Health Services	Counselling Condoms
General population	↑ inability to discuss sex and sexuality ↑ Seeking of information on STD/AIDS ↑ empathy for HIV and people with AIDS ↑ in condom use	Mass media	TV, Radio Press Billboard Exhibition Cinema slides	Associations Community organizations Workplace settings	Counselling Condoms STD services Information Services (Hotlines)
Policy-makers	↑ in support to AIDS prevention programme ↑ in understanding of communication needs	Mass media Interpersonal	TV, Radio Press Seminars Meetings		
Women	↑ in health care seeking behaviour ↑ in knowledge of STD & AIDS ↑ ability to negotiate sexual behaviour	Mass media Peer education outreach	TV, Radio Press Traditional media	NGOs Associations Existing government programmes Health workers Women's organizations	Counselling STD services

Annex 2

PLANNING A MASS AWARENESS CAMPAIGN

Mass awareness campaigns are recommended for reaching the general public with basic information on AIDS/STD, for articulating the general philosophy behind the overall programme, and for providing an umbrella message network for the entire programme. A mass awareness campaign is the utilization of all mass media channels (TV, radio, press, general print materials) to disseminate a sequence of basic messages on HIV/AIDS/STD in a coordinated fashion aimed at a loosely segmented target population. Often *ad hoc* media activities, such as individual TV spots, are mistaken for mass awareness campaigns. It is important that a campaign is recognized by the general population as a cohesive programme no matter which channel of the mass media is used.

Most national AIDS programmes do not have the infrastructure to develop such a campaign in-house and the development of the design and media plan is often contracted out to communications professionals/organizations. Understanding of the elements which go into planning a mass awareness campaign is, however, useful for a programme planner and a concise overview of the elements and steps necessary for an effective mass awareness campaign therefore follows.

Segment Target Population: A decision should be made on what segments of the general population should be targeted. For instance, if segmenting for youth, men and women between 15 and 49 is suggested, then messages directed at women, men, and youth in general should be developed.

Market Research: Before developing a campaign it is essential to conduct some rapid research among the identified segments of the general population to ascertain current levels of knowledge, general practices, sexual health care seeking behaviour and perceptions of AIDS and STDs. A combination of quantitative and qualitative data collection is recommended. Qualitative research should be conducted first, after which a broader quantitative study for a larger sample size can be implemented. The quantitative study can provide baseline data for future evaluation of impact. Marketing research firms and large social science institutions can be contracted to carry out this work. It is essential that the programme planner works closely with the contractor on questionnaire development and sampling.

Message Development: Specific messages for the segmented populations should be developed on the basis of the philosophy, the research and the availability of services.

Concept Development and Media Plan: The overall tone and theme of a campaign should be developed on the basis of the philosophy and the results of research. This will entail designing a logo and signature line or tune to unite the various media used. Some samples are 'Prevention is the only cure' with an identifiable graphic for use in all visuals. At this stage the mix of media will be identified and, for each audience segment, a detailed plan for

dissemination will be developed. This will include identifying appropriate air time and broadcast channels for TV and radio; identifying which press would be used for which segment listing out the support print materials which should be developed and where they would be disseminated; and sequencing messages. It is recommended that, for print materials, emphasis be given to visuals; even a literate audience will look at a visual before reading a text.

Professional advertising agencies, working closely with national AIDS programme staff, or other identified communications professionals should be recruited for the development of the overall campaign.

Prototype Development, Pretesting and Revision: Software for TV, radio, press advertisement and print materials must be developed in a cohesive fashion. It will be based on research, but will probably cover basic information on AIDS and materials to address the common misconceptions of each target group. For example, research among youth might show that they:

- have low levels of knowledge;
- perceive themselves to be not at risk;
- watch TV and listen to pop radio programmes; and
- do not read newspapers.

Based on this, a decision could be made to develop TV and radio spots and a comic format brochure to disseminate in schools. A similar process would take place for each identified segment of population. All spots and materials, however, would share a common logo and signature line to identify each material as part of the campaign, reinforce messages and provide legitimacy for the information.

The overall concept and individual prototypes need to be thoroughly tested with the target audience. This can be done, for example, through focus group discussions, or through stopping people in the street or at a bus stop. If a large number of individuals do not understand the message, then it should be redesigned. After the pretesting process, revisions should be made and additional pretests conducted as appropriate.

Implementation: A campaign can run for a period of three months to one year depending on audience exhaustion and comprehension of the messages. All media materials should be ready and disseminated at the same time.

Monitoring: It is essential to carefully monitor the implementation and impact of the campaign to ensure that materials have been disseminated, and to assess audience participation through listener surveys, spot interviews, and analysis of letters and requests for information in an on-going fashion during the life of the campaign. If a particular material or software is clearly unacceptable, then it can be taken off the air immediately. An advertising agency will have the capability to professionally monitor the progress of the campaign.

Evaluation and Reprogramming: After the completion of the campaign cycle, a repeat baseline evaluation should be conducted along with a study to produce some qualitative data on the impact of the campaign. The data should be analysed and fed into reprogramming of the next cycle of the awareness campaign. Messages will change from straight information to more specific behavioural change messages based on the greater knowledge of the target audience. The next cycle of the campaign will probably tackle issues related to empathy for those afflicted and queries which have been raised in the first cycle. Awareness campaigns must be continuous.

Finally, a mass awareness campaign will begin the process of making people aware of the problem and the methods of prevention. It is only one component of an overall IEC programme and does not replace interpersonal approaches.

Evaluation and Reprogramming. After the completion of the campaign cycle, a repeat baseline evaluation should be conducted along with a study to produce more qualitative data on the impact of the campaign. The data should be analysed and fed into reprogramming of the next cycle of the awareness campaign. Messages will change as to stimulate information to more specific behavioural change messages based on the greater knowledge of the target audience. The next cycle of the campaign will probably tackle issues related to stigmatise those afflicted and queries which have been raised in the first cycle. Awareness campaigns must be continuous.

Finally, a mass awareness campaign will begin the process of making people aware of the problem and the methods of prevention. It is only one component of an overall IEC programme and does not replace interpersonal approaches.

Prototype Development. Prototypes and materials (materials for TV, radio, print advertisements and print materials) need to be developed in a cohesive fashion. It will be based on research, but will probably cover basic information on AIDS and materials to address the common misconceptions of each target group. For example, research among youth might show that they:

- have low levels of knowledge;
- perceive themselves to be not at risk;
- watch TV and listen to the radio programmes; and
- do not read newspapers.

Based on this, a decision could be made to develop TV and radio spots and a comic strip booklet to disseminate in schools. A similar process would take place for each targeted segment of population. All spots and materials, however, would share a common logo and signature line to identify each material as part of the campaign, reinforce messages and provide legitimacy for the information.

Each overall concept and individual prototypes need to be thoroughly tested with the target audience. This can be done, for example, through focus group discussions, or through stopping people in the street or at a bus stop. If a large number of individuals do not understand the message, then it should be redesigned. After the pretesting prototypes can be made and additional pretests conducted as appropriate.

Implementation. A campaign can run for a period of three months to one year depending on audience saturation and comprehension of the messages. All media materials should be ready and disseminated at the same time.

Monitoring. It is essential to carefully monitor the implementation and impact of the campaign - to ensure that materials have been disseminated, and to assess audience participation through focus groups, exit interviews, and analysis of letters and requests for information - over the duration of the life of the campaign. If a particular material or software is clearly inappropriate, then it can be taken off the air immediately. An advertising agency will normally be contracted to professionally monitor the progress of the campaign.